

2016-6486

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 07/19/2016
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 916 PACIFIC AVE F1 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p>INITIAL COMMENTS</p> <p>STATE PSYCHIATRIC HOSPITAL COMPLAINT INVESTIGATION</p> <p>A psychiatric hospital complaint investigation was conducted in response to complaint # WA00066862/State case number 2016-6486 by Marieta Smith, MN, RN on July 19, 2016.</p> <p>ASE #BQEP11</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <ul style="list-style-type: none"> <li>* The regulation number and/or the tag number;</li> <li>* HOW the deficiency will be corrected;</li> <li>* WHO is responsible for making the correction;</li> <li>* WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</li> <li>* WHEN the correction will be completed.</li> </ul> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies.</p> <p>4. Return the original report with the required signatures.</p>		
L 310	<p>322-035.1B ASSESSMENT POLICY</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (b) Methods for assessing each patient's physical and mental health prior to admission; This Washington Administrative Code is not met as evidenced by: Based on interview and review of hospital policies and procedures and the hospital's EMTALA (Emergency Medical Treatment and Labor Act)</p>	L 310		9/14/16	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L 310	<p>Continued From page 1</p> <p>log, the hospital failed to develop and implement policies and procedures to ensure that patients who presented to the hospital asking to be admitted were assessed for acute psychiatric problems prior to directing patients to go to a hospital emergency department.</p> <p>Failure to assess patients who present to the hospital for acute psychiatric problems such as psychosis and homicidal and/or suicidal ideation risks patient death and harm to others.</p> <p>Findings:</p> <p>On 7/19/2016 at 11:20 AM, the investigator interviewed the hospital's performance improvement coordinator/risk manager (Staff Member #1). During the interview, Staff Member #1 presented a copy of an algorithm entitled "Walk-In". Staff Member #1 stated hospital staff members were to follow the algorithm if a person presented to the hospital entrance asking to be admitted to the hospital.</p> <p>The algorithm indicated staff members were to initiate a Fairfax Behavioral Hospital Initial Call Sheet assessment form. This form included assessment of high risk factors for injury to the patient and the community, such as suicidal ideation and attempts, access to dangerous weapons, homicidal ideation, and psychosis.</p> <p>The algorithm indicated that if an acute psychiatric condition existed, staff were to stay with the patient and to contact the hospital's Patient Assessment Team for admission of the patient if the hospital was not at capacity; or to contact emergency transport and transfer the patient to an acute care hospital if the hospital was at capacity.</p>	L 310			

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L 310	<p>Continued From page 2</p> <p>The algorithm indicated that whether or not the patient was admitted, patient information would be recorded on the hospital's EMTALA log.</p> <p>2. On 7/19/2016 at 1:25 PM, the investigator interviewed the hospital's nurse manager (Staff Member #2). During the interview, the nurse manager stated that hospital staff members did not follow this algorithm. The manager stated that when potential patients presented asking to be admitted, the individuals were not assessed using the Initial Call Sheet assessment form. The individuals were directed to go to a local hospital emergency department. The interview and review of the hospital's EMTALA log revealed that patient information regarding these individuals was not recorded on the EMTALA log.</p> <p>3. Review of the hospital's policies and procedures revealed that the algorithm was not included in the hospital's admission procedures.</p>	L 310			

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